



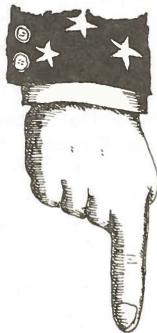
## NAVAL REGIONAL MEDICAL CENTER

MEMPHIS, TN.

VOL. 11 NUM. 5

### ***Hm3 Thompson S/Q***

#### **INSIDE**



"WHO CARES"?  
(an Editorial)

Champus News

Survivor Benefits

Civvy Savvy

A Message from  
The Master Chief  
of the Force.



HM3 Joyce Thompson, Senior Corpswave of 6-East, was chosen as the Sailor of the Quarter for the period ending 31 August 77.

Prior to her enlistment in 75, Joyce had the desire to work in the medical field. She started off by putting in two and a half years into Medical Technology School; then decided to check out another aspect of medicine as a corpsman in the Navy.

Now, after working in the nursing field, her plans for the future include a Bachelor of Science in Nursing Degree and eventually a teaching degree in nursing.

At present, she is kept busy working with her Charge Nurse, Miss Shields, on the reorganization of Nursing Service.

As for her time in service, HM3 Thompson has enjoyed it, taking the experiences as part of learning about life. Congratulations for a job well done.

### **NOSOCOMIAL INFECTION STUDY**

*(Excerpt from CDC MORBIDITY AND  
MORTALITY WEEKLY REPORT dtd 18  
Nov 1977)*

Hospitals participating in the National Nosocomial Infections Study (NNIS) during 1975-76 reported a nosocomial infection rate of 356.6 infections per 10,000 patients discharged.\* Although the rate fluctuated from month to month, no marked change has occurred in the reported rate of infection since the data collection system was revised in July 1974.

During 1975-76, 83 hospitals

in 31 states reported nosocomial infections regularly to NNIS. A total of 92,001 infections were reported in 2,579,668 patients. The reported rate of infection was lowest in community hospitals and highest in municipal and county hospitals.

The rate of infection also varied greatly by service, ranging from 1.0% in pediatric ser-

Cont. page 5

CAPTAIN C.W. BRAMLETT, MC, USN. . . . . COMMANDING OFFICER Officer of the Force, Bureau of CAPTAIN G.C. BINGHAM, MC, USN . . . . . DIR., CLINICAL SERVICES Medicine and Surgery. I assume my new duties with a great deal of pride, pride based not only on the past heritage of our Hospital Corps, but pride based on the flexibility and adaptation you have shown in adjusting to new demands, new challenges, and new roles as members of the Health Care Team as we go through this trying time in our Health Care Delivery System. You are the cohesive force which binds the Medical Department. You are responding magnificently and I am extremely proud and privileged to represent you.

LCDR J.C. NEW, MSC, USN. . . . . EDITOR-IN-CHIEF  
HM3 DAWN LAWING. . . . . EDITOR  
HM3 MARK SMITH . . . . . ART EDITOR



An ambulance, with sirens blaring and lights flashing, is trying to find its way through the traffic. But who cares? It isn't I in the ambulance!

The poor live in shacks that ought to be condemned while the state builds a new bridge. But, who cares as long as we can drive our '78 models across smooth roads?

There's a school two blocks away, yet your children have an hour long bus ride to theirs. But, who cares? Your neighbor's children are also waiting.

Who cares? I do and you should too. Caring not only for, but also about one another, be he black or white or red or yellow, someone you know, or a total stranger, is the answer to many of society's problems.

What ever happened to neighborly love? Did it go out the window with the independent businessman?

In some neighborhoods, it isn't even safe to walk out your door in the daytime. Why?

People, we have got to open our eyes to what the world is becoming! What have our children got to look forward to?

A world of nuclear fear, neighborly fear, and worst of all, fear of living doesn't leave much to hope for.

We have to open our hearts; let our love for one another show through the wall society has built around us. For as God says, LOVE THY NEIGHBOR AS THYSELF! It won't hurt.

# NOTICE

Aliens in the Armed Forces and Servicemembers with alien relatives living in the United States are reminded that the Immigration and Nationality Act requires all aliens in the U.S. and its possessions, with few exceptions, to report their addresses to the Attorney General

during the month of January.

Aliens temporarily absent from the U.S. during the month of January should not report their addresses but must do so within 10 days of return to this country.

Cards for making this report are available at any U.S. post office during the month of Jan. and at offices of the Immigration and Naturalization Service after Jan. 31. When the alien has filled in all items, he should sign the card, place a stamp on the reverse side and drop it in any mail box.

The Act provides serious penalties for willful failure to submit the report. Compliance with this requirement is, therefore, of importance to all aliens in the Armed Forces of the United States and to members of the Armed Forces having relatives who are not citizens but residents of this country.

## CHAMPUS

### NEWS

December 31, 1977 is the deadline for submitting 1976 claims under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). Any claim for care received between Jan. 1 1976 and Dec. 31, 1976 that is not submitted by the deadline cannot be paid.

A CHAMPUS beneficiary with a 1976 claim that has not been submitted should get it in the mail as soon as possible. Also, if a civilian provider has not done so, the beneficiary should remind the provider about the deadline.

The deadline for submitting a CHAMPUS claim is the last day of the calendar year following the calendar year in which a service or supply was provided.

## MCPOCF

I am deeply honored to have been selected as the representative of the Hospital Corpsmen and Dental Technicians in the position of the Master Chief Petty

In order to represent you and your views at the Bureau of Medicine and Surgery and to the Chief of Naval Operations as a member of the Master Chief Petty Officers Advisory Panel, I must have input from you in the way of ideas and recommendations as they pertain not only to the Hospital Corps and Dental Corps but also to the Navy in general. I solicit your input through the Master Chief Petty Officer of your command. I in turn will furnish pertinent information to you through your MCPOC. As time and circumstances permit, I hope to have the opportunity of meeting each of you personally as I visit your command. For those of you who may be passing through the Washington, D.C. area, I extend an invitation to visit me in my office. I may be contacted in writing at the Bureau of Medicine and Surgery, (Code 006), Navy Department, Washington, D.C. 20372 or by phone at Autovon 294-4682 or commercial, area code (202) 245-4682.

As your representative at the Bureau level, I pledge to positively utilize whatever talent and ability I may have to better the Hospital Corps, the Medical Department and the United States Navy.

H.A. OLSZAK  
MCPOCF USN

### ANSWERS TO PUZZLE ON PAGE 6!

1. MISTLETOE	19. MAGI
2. BEGAT	20. HAPPY
3. BABE	21. NEW
4. REINDEER	22. YULE
5. EARTH	23. HEROD
6. MYRRH	24. YEAR
7. HOLY	25. MARY
8. DONKEY	26. JOSEPH
9. PEACE	27. TREE
10. MANGER	28. EAST
11. BETHLEHEM	29. CHIMNEY
12. STABLE	30. SANTA
13. NAZARETH	31. BIRTH
14. CHRISTMAS	32. NOEL
15. KRINKLE	33. STAR
16. SNOW	34. ANGEL
17. GOLD	35. CRIB
18. INN	

**SAVVY**  
**CIVVY**

BY: Amy Turnage

Have an interesting hobby or special project? If so, CIVVY SAVVY would like to feature you in THE CLIPPER by putting you in the SPOTLIGHT. Please contact Staff Personnel Service.

## ?? QUESTION BOX ??

Q: HOW IS UNUSED SICK LEAVE CREDITED UPON RETIREMENT?

A: Retiring employees increase their annuity by adding the time required by the unused sick leave to the retiree's actual service. The amount of annuity is partly determined by the amount of creditable service, thus adding sick leave to actual service increases the amount of annuity.

Q: WHAT CREDIT IS GIVEN?

A: Each 8 hours of unused sick leave equals 1 day of service. Days are converted to months and years on a 260-day work year basis. On this basis, approximately 22 days equals 1 month.

Q: AM I ABLE TO RETIRE WITH ENOUGH YEARS OF SERVICE ONLY IF I ADD MY UNUSED SICK LEAVE TO MY ACTUAL SERVICE? IS THAT PERMITTED?

A: No, sick leave is credited only for computing the amount of annuity. It is not used for figuring the high-3 average salary or for counting toward the minimum length of service necessary to retire.

WELCOME ABOARD TO: R.V. Myers, Food Management Service.

FAREWELL TO: Elizabeth McKinley, Outpatient Dept.; Beatrice Williamson and Elmer Harrison, Food Management Service; Francis Hawthorn, Staff Personnel Service; Maryann Snell, Librarian.

CONGRATULATIONS TO:

MR. TOM KIMBRELL, Pipefitter, who was awarded \$50 for his beneficial suggestion: "Saving in Electricity by changing to the 35 watt Flourescent Lamp". Mr. Kimbrell's suggestion will be eval-

uated by the Civil Engineering Lab, Port Hueneme, California for possible Navy-wide use

**FAREWELL**  
**FRANCES**

A farewell coffee was held in the honor of Mrs. Frances Hawthorn of Staff Personnel Services, military personnel records. After twenty-six years of highly commendable service to our command, Mrs. Hawthorn, who expected to retire at the hospital, accepted a position in the NATTC Memphis Personnel Office.

Mrs. Hawthorn first came to NRMC Memphis in February 1951 whereupon she went to work in the old hospital in the X-Ray department. Then in March of 1952 she transferred to the Staff Personnel Services, where she remained until her transfer.

All her friends and co-workers gathered November, 4th to wish her a hearty best of wishes and presented her with a token of their gratitude and love - a silver casserole dish, and a key to their hearts.

The Staff Personnel members take this time to again express their thanks and to wish her the very best of luck and happiness as she begins her new position.



Tom Kimbrell receives his award from the Commanding Officer, Capt C.W. Bramlett.



Frances Hawthorn (center) along with her co-workers. They are, left to right, Harriet Murphy, LCDR J.C. New, Amy Turnage, and HM3 Betty Yancey.



# SURVIVOR BENEFIT PLAN

All members of the Armed Services are automatically enrolled for coverage under the Survivor Benefit Plan when they retire from the service with dependents. The Survivor Benefit Plan (SBP) is a program through which retired military personnel contribute to a fund that ensures an annuity for their families in the event of their death.

Under the old Retired Servicemen's Family Protection Plan, the forerunner of SBP, members had to sign up for coverage. With SBP, coverage is automatic as soon as a member is eligible for retirement or retainer pay. That is, unless the member chooses not to participate.

The cost of the program is variable. While a member is eligible for retirement but remains on active duty, there is no cost for protection under the SBP. Deductions for coverage do not start until the member receives or is eligible to receive retired or retainer pay.

Once deductions begin, the amount of the deduction is determined by the amount of coverage, or what type of coverage is requested.

There are four different choices for beneficiary designation:  
**SPOUSE ONLY** - this is the basic type of protection under the SBP. It covers the spouse who was married to the retiree at the time of retirement, the widow or widower who was married to the retiree for at least one year before his or her death, or the parent of a child born of a marriage to the since deceased retiree. The cost formula for this basic program is 2.5% for the first \$300 of the retiree's monthly pay (or \$7.50) plus 10% of anything over \$300. In other words, a person with a gross retirement check of \$500 would pay \$7.50 on the first \$300 then 10% of the rest or \$20. That person's monthly deduction would total \$27.50 for basic coverage to provide his or her beneficiary \$275 a month in annuities after the retiree dies.

**SPOUSE AND CHILD** - a retiree providing SBP protection for spouse and child, pays the spouse only cost, plus a small additional cost averaging about one-half of one per cent of the member's monthly annuity. This continues only as long as there is at least one child remaining as an eligible beneficiary.

Generally, the spouse would re-

ceive the annuity checks. When the spouse dies, the annuity passes to the children. They would receive the annuity checks until they reach 18 unless they continue as fulltime students in a recognized institution of higher learning in which as they would receive the checks until age 22.

**CHILD OR CHILDREN ONLY** - for this coverage, a special children's cost is withheld from the retiree's retired pay. This is a specified rate computed in each case based on the difference in ages between the retiree and the youngest child. The cost generally averages out to be about 2.5 per cent of the member's base amount.

**PERSON WITH INSURABLE INTEREST** a member who has neither a spouse nor a dependent child at retirement can elect to participate in the SBP by naming a person with an insurable interest as the beneficiary. An insurable interest beneficiary can be any person who has a bona fide financial interest in the continued life of the member. Insurable interest participation is terminated when the beneficiary dies. It may also be cancelled if the retiree later acquires a spouse and/or dependents. The SBP coverage can be placed instead in favor of the new spouse or child. The member has one year after the acquisition of a spouse or dependent child to initiate participation by notifying the appropriate military department in writing.

The cost for insurable interest coverage is different and somewhat higher. The cost is 10% of the retiree's full retired pay plus an additional five per cent for each full five years difference in the beneficiary's and the retiree's ages, the beneficiary being younger than the retiree. Total cost cannot exceed 40% of the retired pay.

For more information, see your career counselor or legal advisor or write to: RETIRED PERSONNEL SUPPORT SECTION (PERS 7313), WASHINGTON, D.C. 20370.

## VEA

The VEA program is an education benefit plan available to those service members who contract and enter on active duty after 31 December 1976, and replaces the education assistance program provided for under the G.I. Bill. The VEA program, which became effective 1 Jan 1977, is authorized to run for five years (until 31 Dec 81) with program continuation beyond 1981 subject to prior review and evaluation.

The objectives of the VEA pro-

gram are to provide educational assistance to men and women who enter the Armed Forces after 31 Dec 1976 and to assist young men and women in obtaining an education they might not otherwise be able to afford.

The VEA program is a voluntary contributory education assistance program. Active duty Naval personnel who meet the following criteria may enroll in the VEA program:  
a) Initially enter active Naval Service on or after 1 Jan 77; b) Do not fall within the provisions of the Delayed Entry Program (DEP) wherein enlistment occurred prior to 1 Jan 77, but active duty commenced on or after that date. Personnel in this category are eligible for non-contributory G. I. Bill education assistance benefits afforded under the provisions of Chapter 34, Title 38, U.S. Code, provided active duty commences prior to 2 Jan 78.

Service members may contribute by allotment between \$50 and \$75 per month (in multiples of \$5) up to a maximum contribution of \$2700. The Veterans Administration will match the service member's contribution on a \$2 to \$1 basis such that the maximum account may be \$8100. The dollar amount of monthly VA educational assistance payments is determined by dividing the participant's total account balance by the number of months the participant contributed, up to a maximum of 36 months. The VA will make no more than 36 monthly payments to an eligible participant. Benefits accrued by participation in the VEA program may be used in the same education program authorized under the G.I. Bill, except for apprenticeship and on-the-job training programs.

Eligible Navy Veterans may utilize VEA program benefits to fund approved education programs. The term "eligible veteran" is defined as any veteran who: initially entered active Naval service on or after 1 Jan 77, was discharged or released therefrom under conditions other than dishonorable and served on active duty for a continuous period of more than 180 days commencing on or after such a date; or was discharged or released from active duty because of a service-connected disability. Also any veteran who while on active duty, enrolled in and contributed to the VEA program on a monthly basis for a minimum of 12 months and did not subsequently disenroll from the program.

Cont. Next page. . .

All service members eligible for the VEA program MAY ENROLL AT ANY TIME WHILE ON ACTIVE DUTY. A service member may suspend participation for any reason after having contributed for 12 consecutive months by stopping his/her contributory allotment. A service member who suspends participation may resume contributions at a later time while on active duty. If the member does not resume contributions at a later time, the member retains eligibility to receive matching VA funds for contributions made prior to suspension of participation. A service member who disenrolls from the VEA program is one who terminates participation and forfeits any entitlement to benefits other than a refund of any unused portion of the member's personal contributions. VEA program participants who disenroll after discharge or release from active duty will receive a refund of unused contributions within 60 days of receipt by the VA of application for refund. Only the balance of an individual's personal contributions will be refunded. No payment of interest will be made on refunded contributions.

A ten year delimiting date following date of last discharge or release from active duty is established for veterans to use VEA program benefits, at the end of which time the veteran will automatically be disenrolled and any unused portion of contributions refunded. For further information on the VEA program contact HMC Armstrong in the Staff Education Office.

## FESTIVAL OF LIGHTS

The Jewish festival of Hanukah commemorates an historic event in the search for religious equality. Called the Festival of Lights, it is celebrated for eight days, beginning Dec. 5 this year, with the lighting of the Menorah.

The Menorah is a candelabrum consisting of eight branches or sections. Each night an additional candle is lit to celebrate the miracle that occurred in the Holy Temple. According to tradition, the light in the Temple was to burn continuously. But in ancient times, the Seleucid Greek army destroyed many of the sacred vessels in the Temple and pillaged the holy oil. With oil sufficient to last for only one day, the Temple lamp burned for

eight days until reinforcements and replacements arrived.

For Jews this holiday is observed to recall the heroic efforts of the Maccabees who fought the enemy in defense of the Temple and for the right to retain and maintain the Jewish Faith.

The word Hanukah means dedication. On this joyous holiday Jews rededicate themselves to the ideals of religious freedom and the courage and self determination of the heroic Maccabees. And in keeping with the festival spirit, gifts of modest nature are exchanged among children and family members each night when the candles are lighted.

The Menorah has become a universal symbol in Jewish tradition. Although its origin is more than 2,000 years old, it constantly reminds all of the never-ending battle against bigotry, hatred and oppression.

The light of the Menorah challenges the Jew never to allow darkness to reign, or defeat and humiliation to prevail. It is a reminder to keep the light of faith and the glow of human dignity always burning.

The Maccabees were the heroes of Hanukah. The translation of the word Maccabees is hammer. A hammer beats, forges and fashions. During the Festival of Hanukah, Jews perceive themselves as the Maccabees, people who forge a life of decency and honor. The blaze of the Menorah is an affirmation that light of religious freedom shall always prevail.

### ARMED FORCES CHAPLAIN BOARD

Cont. from page 1

vices and 1.5% in newborn nurseries to 1.9% in obstetrical, 3.1% in gynecological, 3.7% in medical, and 5.0% in surgical services. For most services the rate of infection has remained fairly constant for the last several years, but for the gynecology services the rate has decreased steadily from approximately 5.1% in 1972 to 3.0% in 1976.

Urinary tract infections (UTIs) were the most common site of nosocomial infection, accounting for 53% of infection on the medical services, 38% on the surgical services, and 17% on the pediatric services. Surgical wound infections accounted for 33% of the infections of patients on the surgical services, while lower respiratory tract infections (LRIs) were reported for 21% of the infections of medical patients and 15% of the infections of surgical patients. Upper respiratory tract infections accounted for only 1-2% of

infections of medical and surgical patients, but 5.5% of nosocomial infections of pediatric patients. Sporadic cases of nosocomial gastroenteritis occurred rarely; clusters of infections at this site were occasionally reported. Of all nosocomial gastroenteritis reported, 62% of cases were on the pediatric service of the newborn nursery. Over 50% of the nosocomial infections reported from the nursery were cutaneous.

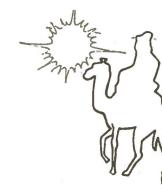
Of the reported infections, 91.3% were cultured. Site-pathogen tabulations for reported isolates show that 6 groups of pathogens accounted for 70.8% of all isolates: *Escherichia coli* (24.4%), *Staphylococcus aureus* (11.3%), *Streptococcus* group D (10.8%), *Pseudomonas* spp (10.1%), *Proteus* spp (8.7%), and *Klebsiella* spp (8.5%). Over 79% of the *Proteus* isolates were *P. mirabilis*, and almost 71% of the *Pseudomonas* isolates were *Ps. aeruginosa*. Pathogens most frequently associated with secondary bacteremia included *E. coli*, *s. aureus*, *Klebsiella pneumoniae*, *Proteus* spp, *S. pneumoniae*, *Enterobacter* spp, *Serratia* spp, and *Bacteroides fragilis*.

One-third of all infections in hospitalized patients are nosocomial. Nationally, it is estimated that about 1.5 million patients annually develop a nosocomial infection and that the cost of providing medical care for this problem exceeds 1 billion dollars. Although the nosocomial infection rate at NRMC Memphis averages 1% to 3%, reducing it further and eliminating it continues to be a major concern. The percentage of infections for particular services and the sites of nosocomial infections at this command parallel those mentioned above in the national study.

\* A nosocomial infection is one which occurs during hospitalization but which was not present or incubating upon admission of the patient to the hospital. Infections with onset after the patient has been discharged are also considered nosocomial if the infecting pathogens are judged to have been acquired during hospitalization.



"Sorry, Frank, I just don't think you'll make it on the drill team."



First solve the definitions,  
then find the solutions in the  
word hunt.

1. KISS UNDER THE \_\_\_\_\_
2. GAVE BIRTH TO \_\_\_\_\_
3. "YOU SHALL FIND A \_\_\_\_\_ WRAPPED IN SWADDLING CLOTHES."
4. RUDOLPH, PRANCER, DONNOR, ETC.
5. PEACE ON \_\_\_\_\_
6. A GIFT OF THE WISEMEN
7. \_\_\_\_\_ SPIRIT
8. MARY RODE A \_\_\_\_\_
9. \_\_\_\_\_ ON EARTH
10. JESUS LAID IN A \_\_\_\_\_
11. JESUS' PLACE OF BIRTH
12. NOT A BARN BUT A \_\_\_\_\_
13. JESUS OF \_\_\_\_\_
14. 25th OF DECEMBER
15. KRIS \_\_\_\_\_ BALL
16. ANOTHER GIFT FROM THE WISEMEN
17. THERE WAS NO ROOM FOR THE HOLY COUPLE IN THE \_\_\_\_\_
18. THE THREE WISEMEN



20. \_\_\_\_\_ HANUKKAH
21. HAPPY \_\_\_\_\_ YEAR
22. \_\_\_\_\_ LOG
23. ORDERED THE DEATHS OF ALL BOYS TWO YEARS AND UNDER
24. NEW \_\_\_\_\_'S EVE
25. THE BLESSED VIRGIN
26. SPOUSE OF 25
27. TRIMMING THE \_\_\_\_\_
28. THE WISEMEN CAME FROM THE FAR \_\_\_\_\_
29. "DOWN THROUGH THE \_\_\_\_\_ COMES GOOD SAINT NICK"
30. SAINT NICK
31. CHRISTMAS CELEBRATES CHRIST'S \_\_\_\_\_
32. "\_\_\_\_\_, THE ANGELS DID SING."
33. THE \_\_\_\_\_ OF BETHLEHEM
34. "FEAR NOT FOR I BRING THEE NEWS OF GOOD TIDINGS"
35. A SMALL CHILD'S BED